



Reviewed by Processing	
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Termination of Employment at End of DROP Participation / Employment

Print in blue or black ink or type all entries except signatures. Complete Sections 1–5 of this form. If you are continuing employment after DROP, you do not need to complete this form until you are ready to terminate employment. If you continue employment after DROP, you will be automatically reenrolled in Teachers' Retirement System of Louisiana (TRSL). Your retirement may be canceled prior to negotiating any benefit check, including estimated benefit payments. An acknowledgment letter will be sent within two weeks from the receipt of your application. If you do not receive an acknowledgment letter, contact TRSL.

Section 1 — Member information

Name: Last, first, MI, suffix (Jr., III, etc.)		Social Security number													
Street / P.O. Box		<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>													
City, state, zip		Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Re-married <input type="checkbox"/> Legally separated <input type="checkbox"/> Widowed													
Daytime telephone (include area code)	Evening telephone (include area code)	Have you divorced or legally separated from a spouse since entering DROP? <input type="checkbox"/> Yes <input type="checkbox"/> No													
E-mail address	Job title	Have you married since entering DROP? <input type="checkbox"/> Yes <input type="checkbox"/> No													
Name of current or last employer	Have you changed employers during DROP participation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Months of contract: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12													

Section 2 — Effective date of retirement

The date you select here will be the date you wish your retirement to begin. This date will normally be the day following your last day of DROP participation, the day following your last day of employment after DROP participation, or the last day of leave, whichever is later.	Retirement Date ____ / ____ / ____ (mm-dd-yyyy)	For TRSL Use Only <input type="text"/>
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Section 3 — Withholding certificate for pension or annuity payments (Form W-4P)

The amount of withholding on your monthly retirement benefit is dependent on the number of allowances claimed. This section must be completed to inform TRSL of your tax filing status. You may choose not to have income tax withholdings deducted from your monthly retirement benefit. If you do not complete this section, TRSL must withhold federal income tax according to a filing status of married with three exemptions. This may result in your not having enough tax withheld. If withholding and estimated tax payments are not sufficient, you may incur penalties under IRS regulations.

Complete the following applicable lines:	
1. I elect not to have tax withheld from my pension or annuity. Does not apply to foreign check address. (If you check this box, do not complete lines 2 or 3.)	<input type="checkbox"/>
2. I want my withholding from each periodic pension or annuity payment to be figured using the number of allowances and marital status shown. (You may also designate an additional dollar amount on line 3.) Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate	_____ Enter number of allowances
3. I want the following additional dollar amount withheld from each pension or annuity payment. Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.	\$ _____ Enter amount

Section 4 — Direct deposit notification

Form 15D, Direct Deposit of Benefits, has been completed and will be forwarded. Note: Effective January 1, 2002, benefit payments must be made by direct deposit.

Section 5 — Member signature

I hereby certify that I plan to begin my retirement on the date specified in Section 2 above. Upon retirement, I will begin receiving a monthly retirement benefit based upon the retirement option selected at the time I entered the DROP program. The monthly benefit may be adjusted by an additional amount based on my accumulated unused leave that is available for conversion to retirement credit and any additional service credit earned after the end of DROP participation. I understand that Internal Revenue Code Section 401(a)(9) requires that I begin withdrawing my DROP account funds upon termination of employment. I understand that I should receive an acknowledgment letter by mail approximately two weeks from the date TRSL receives my application. If I do not receive an acknowledgment letter, I will contact TRSL.

Members's signature (Do not print or type)	Date signed (mm-dd-yyyy)
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